

IFU

# CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 1-5-05  
Signature - [Signature]

In Re Application of:

Dennis William Mueller *et al.*

Confirmation No.: 1987

Group Art Unit: 2882

Serial No.: 10/743,896

Examiner: Ho, Allen C.

Filed: December 22, 2003

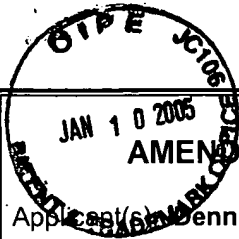
Docket No.: 191314-1011

**For: Portable X-Ray Diffractometer**

The following is a list of documents enclosed:

Return Postcard  
Second Response  
Amendment Transmittal Letter (Large)  
Terminal Disclaimer to Obviate a Double Patenting Rejection Over a "Prior"  
Patent  
PTO-2038 authorizing payment in the amount of \$130.00 for Terminal Disclaimer  
fee

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



## AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s) Dennis William Mueller et al

Docket No.

191314-1011

Serial No.  
10/743,896Filing Date  
December 22, 2003Examiner  
Ho, Allen C.Confirmation No.  
1987Group Art Unit  
2882

Invention: Portable X-Ray Diffractometer

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is the Second Response and Terminal Disclaimer to Obviate a Double Patenting Rejection over a "Prior" Patent in the above-identified application.

The fee has been calculated and is transmitted as shown below

## CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21 -	21 =	0	X \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	X \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$
Other Fees: Terminal Disclaimer					\$130.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$130.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$130.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
Jeffrey R. Kuester, Reg. No. 34,3671-5-05  
Date